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the 1981 White House Conference on Aging

Report of the Mini-Conference on Euro-American Elderly

Note: The recommendations of this document are not recommendations of the 1981 White House Conference on Aging or the Department of Health and Human Services. This document was prepared for the consideration of the Conference delegates. The delegates will develop their recommendations through the processes of their national meeting in late 1981.

MINI-CONFERENCE CONVENOR

EURO-ETHNIC ELDERLY

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November 10-12, 1980

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TO THE DELEGATES

The first White House Miniconference for Euro-American Elderly, held in Baltimore and Cleveland during the fall of 1980, highlighted the situation of elderly who identify themselves as members of any of the culturally diverse groups who make up the mosaic of European Americans. The list of the major recommendations resulting from spirited clarification of the issues affecting the lives of the elderly are presented here for quick reference. A greater elaboration of the background and the context within which the situation of Euro-American elderly may be viewed is provided in the text of this report. The recommendations listed here are organized into three sections: 1) Increasing Ethnic and Cultural Sensitivity in Government Programs; 2) Enhancing Mediating Structures and Neighborhoods; and 3) Strengthening the Family Life.

Increasing Ethnic and Cultural Sensitivity in Government Programs

-- The Euro-American older population should be clearly recognized by all levels of government as an identifiable group in the older population, and one whose various social, spiritual and economic needs and strengths should be taken into consideration in both the programming and policy-making processes of this country.

-- There should be more Euro-American ethnic affairs representation in the Federal Government and these persons should be of Euro-American descent themselves. There should be Euro-American ethnic affairs representation in such key areas of the Executive as the Office of the President, the Office of Management and Budget, the inter-agency coordinating offices, and the major cabinet posts of the Federal Government. There should be much greater representation of persons of Euro-American descent in the judicial system of the nation.

Enhancing Mediating Structures and Neighborhoods

-- Ethnic communities, groups and religious organizations should be given financial and other incentives from government and/or voluntary funding sources to create their own specialized living arrangements, social services, nutrition programs and other group self-help activities.

-- Residents of ethnic communities, especially the elderly and their organizations should be formally involved in all private and public policy decisions involving service and resource allocations affecting their neighborhoods.

Strengthening the Family Life

-- Incentives should be made available to families to assist ongoing care to the elderly by: tax deductions or credits; income supplements or constant attendance allowances, respite or relief services, adult day care; funds to make alterations or additions to existing homes; encouragement of inter-generational and shared housing; and improved Medicare and Medicaid benefits for in-home care.

-- Arts and humanities programs should draw from the diverse cultural heritage of Americans, including those of European heritage, as a means of strengthening family bonds.

-- Where nursing home care is required (as a last, not a first step in caring for elderly family members), eligibility for Medicaid help should be raised to include now non-eligible low-income families (with some co-payment) so that their pauperization is reduced.

Preamble

The first White House Miniconference for Euro-American Elderly represents a major, historically significant event for this long forgotten, long overlooked bloc of the aging population in the United States. These elderly people, numbering close to seven million or over one-quarter of the total population in the country of people who are 65 years old and older,*/ were never before counted, nor were they called upon to send delegates to the previous White House Conferences on Aging. For this generation, use of their ethnic language and the maintenance of their ethnic culture are central factors in well-being. A lack of previous political assertiveness on their part does not correspond to a lack of interest in matters related to their welfare nor to a lack of needs, wishes and expectations concerning the improvements deemed necessary to bring about a wholesome and meaningful life for all elderly Americans, including those of European origin. Rather, it is, perhaps, a result of an instinctive shying away from the limelight, from activism, from self-assertion that characterizes this generation of elderly Euro-Americans. After all, two centuries of assimilationist and melting pot indoctrination has intimidated them and undermined their belief in the legitimacy and value of their ethnic patterns to society.

Studying their use of both the formal (government, public) and informal (family, friends, voluntary associations) support systems available in their ethnic communities and neighborhoods, **/ it became evident that the Euro-American elderly represent much more than a "silent majority" among the major ethnic groups. These same people with their broken English are the ones who, along with all other elderly, have spent a lifetime of effort to make this country strong, affluent and free. These are the people who worked hard to build neighborhoods and cities, and who contributed mightily to the welfare of their families, their ethnic communities, and to society at large. The changes in public policy which have created service bureaucracies and institutionalized new forms of national politics, such as interest group and professional control of allocation, tended to mute the concerns of Euro-American elderly. With the historical opportunity provided them through the convening of the 1981 White House Conference on Aging, it was natural that their concerns, their needs, their strengths, and their worries would find a public forum for open expression.

The idea of convening a special White House Miniconference on Aging for Euro-American elderly, a long cherished dream of the Director of the Center for the Study of Pre-Retirement and Aging of The Catholic University of America in Washington, D.C., was recognized by the President of the National Center for Urban Ethnic Affairs as constituting the best vehicle for enabling elderly Euro-Americans to participate in the mainstream of society -- including the formulation of policies consistent with their aspirations and hopes. Wholeheartedly endorsed by the Executive Director of the White House

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*/ United States Census, "Characteristics of the Population by Ethnic Origin," March, 1971, 1972.

**/ Guttmann, et. al., "Informal and Formal Support Systems and Their Effect on the Lives of the Elderly in Selected Ethnic Groups", Final Report, AOA Grant No. 90-A-1007, January, 1979.

Conference on Aging and fully supported with funds and encouragement by the National Endowment for the Humanities and by ACTION, the dream of the White House Miniconference for Euro-American Elderly has become a reality through the collaboration of The Catholic University of America Center on Aging and the National Center for Urban Ethnic Affairs. Ms. Galina Suziedelis and Mr. Joe Coffey served as co-coordinators of the Miniconference.

In the spring of 1981, a meeting of representatives from all interested national ethnic organizations resulted in the formation of an advisory council to monitor the Miniconference. A two-phase miniconference was agreed upon. The first phase, which occurred November 10-12, 1980, in Baltimore, Maryland, concentrated on the involvement of national ethnic leaders,*/ national leadership in the field of aging and elderly ethnic themselves. The agenda consisted of addresses and workshops given by nationally known experts in the fields of gerontology, ethnicity, informal support systems. A list of issues developed by the Advisory Committee of the White House Conference on Aging was used as a base for discussion with concentration on those areas of special interest to the Euro-American elderly. The results of this phase of the Miniconference were then transmitted to the participants of the second phase, which took place in Cleveland, Ohio on December 4-6, 1980.

The Cleveland phase further refined the recommendations of the Baltimore meeting and the participants included more grassroots leadership and older persons. Each conference involved approximately 200 people with voting delegates consisting of representatives of national ethnic organizations, local ethnic organizations, neighborhood organizations, and individual Euro-American elderly and non-elderly. Non-voting observers to the conference included representatives of national aging organizations, special interest groups, government and individual scholars and experts. It should be noted that this Miniconference was the first opportunity to bring together ethnic elderly and their representatives from many different Euro-American ethnic communities with both government (public and private sectors) who together comprise the "aging network."

The two White House miniconferences on aging of Euro-American elderly were truly a labor of love. Many individuals and organizations have contributed to their success. A listing of the key speakers, presenters, and greeters is provided in the Appendix, along with the various national ethnic organizations who were represented on the advisory council. We wish to thank the White House Conference on Aging staff and the members of the organizing committee (also listed) for their invaluable help and tireless effort on behalf of Euro-American elderly. We hope that the voices of these people will be heard by all the delegates, by the policymakers in the Administration and in the Congress and that together they will shape and ensure a better future for all elderly Americans.

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*/ Dr. Stephen Aiello, Former Special Assistant to President Carter and Director of the White House Office of Ethnic Affairs and Dr. Myron Kuropas, Former Assistant to President Ford were among the speakers in the Miniconferences.

In the following pages we will present not only the results of the two Miniconferences, but also the background discussion of the issues which led to the main recommendations made by the elderly participants.

Background */

For the sake of common understanding, ethnicity is being defined as cultural uniqueness, historically derived. Distinct ethnic groups here in the United States are the result of cultural traditions brought over by the immigrants from their countries of origin. These cultural traditions consist of a shared symbolic system of meanings referring mainly to values and attitudes, but including distinct relational patterns and especially communication patterns (language, both verbal and non-verbal, etc.). There is a common core which maintains a given ethnic cultural identity. There is also the ever-existing factor of changes and modifications of these "transplanted" cultural traditions, due to adjustments and learning in the new socio-cultural environment, which make for deviations from the original patterns -- but sufficient continuities of these patterns always seem to remain to preserve the ethnic identity -- sometimes over many generations. This tenacity of ethnic-cultural identifications in immigrant groups and their descendants has led to the formal acceptance by scholars, religious organizations, governmental bodies and by the United Nations and its subdivisions, of the principle of "the inalienable right" of immigrants and ethnic minorities all over the world to retain and cultivate their cultural traditions, and to transmit them to their oncoming generations.

On the social level, the maintenance of cultural distinctiveness by groups in a larger society leads to the concept of "cultural or ethnic pluralism" which, if fully developed, may result in cultural enrichment of the general society; in heightened sensitivity in human relations enabling conscious coping with relational problems and, in strengthening of unity through diversity.

A nation of immigrants, the United States of America has absorbed well over 50 million newcomers from all corners of the world, comprising over 100 ethnic groups, about 50 of them major groups. **/ The main influx of immigrants occurred in two periods: the first, also called the "Old Immigration", deriving mainly from Northwestern Europe and lasting from about the 1830's to the 1880's -- involved over 18 million immigrants, and the second, called the "New Immigration", lasting from the 1880's until World War I, i.e., 1914, involved over 23 million immigrants mainly from East and South Europe.

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*/ We are indebted to Dr. Richard Kolm, Adjunct Professor at The Catholic University of America for the materials used in this section of the report, which were taken from "Issues of Euro-American Elderly in the 80's", A paper presented at the White House Miniconference For Euro-American Elderly, November 10, 1980, Baltimore, Maryland.

**/ President's Commission on Mental Health, 1978.

The main factor in the absorption of newcomers during the "Old Immigration" period was the agrarian lifestyle leading to their dispersion on the widely scattered farms and their consequent rapid assimilation. Later, the territorial expansions and the movement westward to populate the empty spaces of the vast land favored similar absorption processes for those who followed.

Parallel to these assimilationist tendencies, practices of discrimination and of group prejudice also developed, largely attributable to the colonial heritage, as derived from the typical and usual attitudes of superiority of the colonial masters first toward the native Indians, then extending to the black slaves and the indentured servants, the Catholic Irish and Catholics in general, the East and South Europeans, the Hispanics, the Latin-Americans, etc. The dichotomization of the American society into the white and non-white was also derived from these attitudes of superiority of the initially dominant group over others.

The assimilation period ended when rapid industrialization caused large numbers of culturally diverse immigrants from East and South Europe to concentrate in urban industrial centers, thus rendering inoperable the assimilationist social philosophy based on agrarian lifestyle and the dispersion of immigrants. A new concept, that of the "melting pot" theory was introduced, based on the idea of American society as a blending of all racial and cultural elements into a new type of human being, superior to all ingredients of the blend. It gave the diverse ethnic elements an illusion of equality, and provided a nearly religious hope for a universal solution, not only to the dominant groups but also to the ethnic minorities themselves.

The popularity of the melting pot ideology in the post-World War II period was unquestioned. Social scientists, the media, the bureaucratic establishments on all levels, simply dropped the subject of white ethnic diversity. Non-white minorities were never included in the melting pot idea and consequently could not be assimilated and were not even generally recognized as part of American society. Thus the term "ethnic" became at some point identified with white minorities only.

The lack of inclusion of non-white groups in the melting pot concept exploded in massive protestations and confrontations in the 60's which led to Black awareness. The white ethnic groups and especially the East and South Europeans also became aware of their suppressed status in society -- a suppression which was not only cultural, but also social and economic.*/ Their hopes for social and economic improvement had not materialized. The melting pot had failed them and they began to turn once again to their national groups for security and comfort.

As research has shown, the time of arrival of immigrants to the United States and the attitude of society at that time toward newcomers is an important variant in the adjustment of immigrants in general and, consequently, also in the outlook of ethnic elderly. The present Euro-American elderly, and especially those of East and South European origin, came not only from different culture but even if from the same cultures, they came by waves at different times.

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*/ Guttmann, et. al., 1979.

These waves, sometimes generations apart, left their country at different historical periods, thus having often radically different experiences of being raised under the rule of foreign powers or in periods of their country's independence and freedom.

In some groups, like the Polish, Slovak, Hungarian, and others, there still exist some elderly who arrived in the United States before or shortly after World War I, although most of their elderly were born in the United States. There are also in these ethnic groups elderly who belong to the post-World War II immigration. In some ethnic groups, such as the Estonian or Latvian, most or even all of the elderly are recent post-World War II immigrants. That these elderly would have different problems -- social, cultural and emotional -- from those that arrived two generations earlier is easily understood. It can also be expected that most of the later arrivals may still have some language problems and consequently may avoid contacts with the general community and its service agencies.

The overriding factors, however, remains the cultural factor. Although aging is obviously a universal human phenomenon and the ethnic elderly are in their basic problems, needs, and concerns like all other elderly, aging is also a cultural phenomenon with each cultural group having developed over centuries their own unique patterns of aging, of coping with problems of aging, and of taking care of the aged. Involved are values, motivations, relational patterns, and attitudes toward work and leisure time, hobbies, financial security, religion, life satisfaction, illness and death. Significantly, there is not enough information about Euro-American ethnic groups in American society, their similarities and differences in cultural contents and forms and in their ways of adjustment and coping in the American environment.

On the basis of the available research on the Euro-American elderly, and mainly the research conducted by Catholic University on eight Euro-American groups in Washington-Baltimore in 1976-78,*/ the situation of the Euro-American elderly can be summarized as follows: the orientation of these elderly is still largely tradition-bound. The family has still the main and nearly exclusive responsibility for its elderly. In some groups, friends and relatives play an important part in providing informal support to the elderly. There are, however, some serious problems arising from the traditional arrangements as reflected in a felt need by the families, especially those taking care of frail elderly, that some form of external help is necessary. In addition, many elderly do not have families and about 20% of the total population under study had "nobody to turn to in time of crisis."

Moreover, it was found that the Euro-American elderly do not use the available communal and governmental services to the elderly to any significant extent. Some reasons for such underutilization are unawareness of these services, unwillingness to be identified as a recipient of "welfare", insufficient knowledge of English, and insensitivity of agency personnel to the ethnic client.

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*/ Guttmann, et. al., 1979.

The Euro-American elderly are strongly attached to their ethnic culture and the specific ethnic community within which most of their friends reside and most of their social interaction takes place. They are concerned with the preservation of their cultural heritage and identity and feel that they have a responsibility to transmit these to the younger generations. The Euro-American elderly feel that they are better treated in their own communities than the elderly in the general society -- they are treated as part of the adult group and function as such according to their individual interests and capabilities.*/

The full understanding and acceptance by society of the cultural variations in dealing with aging is a basic condition for an effective solution of the problems of the aged and aging in the pluralistic society such as the American society.

Issues and Major Recommendations

Introduction

In both phases of this Miniconference, a total of eleven workshops were given by recognized leaders in their respective fields. These workshops convered the following issue areas:

1) The Family, Social Services and Other Support Systems

2) The Neighborhood as a Means of Fulfillment in Later Years

3) Social, Cultural and Economic Barriers to Full Participation in American Society

4) Long Term Care Needs and Solutions

5) Ethnic Heritage as a Contribution to an Age-Integrated Society

6) Unique Needs and Resources of Elderly Euro-American Women

7) Work and Retirement

8) Role of the Church/Synagogue in the Well-being of Euro-American Elderly

9) Economic Security

10) Health and Nutrition

11) Empowerment and Volunteerism

Each of these workshops produced a set of recommendations. These in turn, were further refined by the participants in the Miniconference. The final set of the major recommendations made by the delegates in both conference phases is presented here. A short description of the main issues pertaining to each of the recommendations is given to highlight the gist of the problem discussed.

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*/ Civil Rights Issues of Euro-Ethnic Americans In the United States: Opportunities and Challenges, A Consultation Sponsored by the U.S. Commission on Civil Rights, Chicago, Illinois, December 3, 1979

Increasing Ethnic and Cultural Sensitivity in Government Programs

Issue

The Euro-American older population has not been clearly recognized by the Government as an identifiable and distinct group, possessing resources and strengths that can be effectively employed to overcome barriers to service delivery. Nor were their desires to maintain their ethnic heritage and to transmit their cultural values and traditions to the younger generations recognized and supported. Myths and stereotypes afflicting the elderly in general in American society are especially harmful to ethnic aged who are in jeopardy due to prejudice and ridicule. There is a need to recognize that many Euro-American elderly do not receive their fair share of services and benefits to which they are entitled. Rigid rules and regulations often bar rather than facilitate access to services, particularly in housing and health care, where the need for assistance or subsidy is most acute because the burden to keep handicapped and functionally severely impaired elderly at home falls on the family and on ethnic associations.

The perceptions of Euro-American communities in terms of aging issues are frequently different from other communities; the needs of the elderly in those communities are frequently different from other communities. The policies this country has adopted to serve those communities have not reflected these distinctions, differences and needs. When we talk about culturally relevant services, we are talking mostly about an attitude to allow people to express themselves in their own culturally defined ways and to adjust services to their needs. Unless an environment is created to make policy-makers listen to these specific concerns, needs will not be met. Programs must be brought to the neighborhood -- instead of letting the neighborhood adjust to program rules and regulations. This can be very cost-effective. Ethnic identity and cultural patterns provide a source of support for elderly people. Public policy must take them into account. We must organize to insure that federal policies include ethnic values. We must insist that federal laws be responsive to the needs of ethnic elderly.

Recommendations

-- The Euro-American older population should be clearly recognized by all levels of government, as an identifiable group in the older population, and one whose various social, spiritual and economic needs and strengths should be recognized in both the programming and policy-making process.

-- The Federal Government should regulate its own bureaucracy by requiring its agencies to submit an "ethnic impact statement" with each new change either of personnel, of programs, or of procedures.

-- The Federal Government should require that every governmental advisory council reflect in its membership the ethnic and age composition of the people served by the program.

-- There should be more officials and administrators in the Federal Government who are sensitive to and supportive of the needs and interests of the Euro-American elderly and these persons should be persons of Euro-American descent themselves. In particular, there should be Euro-American ethnic affairs representation in such key areas of the Executive as the Office of the President, the Office of Management and Budget, the inter-agency coordinating offices, and the major cabinet posts of the Federal Government. There should be much greater representation of persons of Euro-American descent in the judicial system of the nation as a means of rectifying the omission of Euro-Americans in many instances, to appointive judicial positions.

-- Wherever there are concentrations of older Americans with limited English speaking ability, bi-lingual staff fluent in the ethnic languages of the elderly should be available to serve as brokers and facilitators between the formal and informal support systems that serve the elderly.

-- Any outreach program aimed at the older population, particularly with regard to various major public social programs, must have appropriate and effective ways of reaching and informing the older Euro-American population.

-- Funding should be set aside for the translation and printing of information in a variety of ethnic languages on existing public benefits (Medicare, Medicaid, etc.) to encourage the use of these support systems by elderly who are members of various ethnic groups.

-- Americans who identify themselves as members of distinct European groups should be fairly represented in federal, state and local government programs for the elderly as advisors, administrators and staff.

-- Government should encourage the maintenance of ethnic integrity in various living arrangements and in subsidized housing, including nursing homes and homes for the aged. A diversified range of housing options and altered Medicaid reimbursement practices are essential to enable ethnic communities to continue the support they provide to ethnic extended families: group homes, joint homes shared by small clusters of ethnic aged, congregate housing and nursing homes built around ethnic interests, etc.

-- All persons aged 75 and over and those persons who have achieved a state of functional dependency -- regardless of their age -- should be entitled to a full floor of social and human services as a matter of right. The only eligibility requirement should be that they are properly assessed to determine their precise needs.

Strengthening the Family Life of the Elderly

Issue

There is a generally accepted maxim regarding the families of elderly Euro-Americans. It is the recognition that even in our fast-paced world, the family remains a bastion of strength and stability in the ethnic community.

Despite mobility, social upheavals, and despite changing mores and life-styles in this country, Euro-American families continue the age-old tradition of care and respect for their elderly members. Research conducted on many different ethnic cultures reinforces the commonly shared perception of the central importance of the family for the total welfare of its individual members -- including the elderly. The informal supports offered by the family to their aged members far surpass any government or public support both in scope, breadth and impact on individual well-being. But research on support system utilization by Euro-American elderly also shows that often families need government and community support to enable them to continue their care-giving activities. This is especially true for families who shelter and care for impaired elderly and struggle with the special burdens (economic and psychological) which accompany such activities in daily living. There is also a recognition that for the family-less elderly the ethnic neighborhood itself and the ethnic community at large serve as surrogate parents and family. Yet many families and many ethnic groups lack the necessary means to keep their functionally impaired elderly members at home in the familiar and safe environment which is so necessary for their survival.

In order to enable elderly Euro-Americans to live out their lives in accordance with their traditional values within their families, the following recommendations are stressed:

Recommendations

-- Incentives should be made available to families to assist ongoing care to the elderly by: tax deductions or credits; income supplements or constant attendance allowances, respite or relief services, adult day care; funds to make alterations or additions to existing homes; encouragement of inter-generational and shared housing; and improved Medicare and Medicaid benefits for in-home care. In addition, special federal aid should be provided in those cities in the economically declining Northeast and Midwest regions where such a large percentage of urban ethnic elderly reside.

-- Arts and humanities programs should draw from the diverse cultural heritage of Americans, especially our elders, as a means of strengthening family bonds. As an illustration, creative arts programs help maintain the mental health of the elderly while the media used can be a powerful tool of communication between generations.

Enhancing Mediating Structures and Neighborhoods

Issue

A large proportion of the neighborhoods in the northern part of the country in particular and in many industrial cities were established by Euro-Americans who strove to create living environments conducive to their style of life. Most of these neighborhoods have been self-sufficient communities offering to their residents the security, social, cultural, religious and educational services and activities that give meaning to their lives.

Human behavior is affected primarily through the surroundings where most of the experiences occur. Community means belonging. Elderly Euro-Americans in particular are bound to their communities by a host of relationships, including their affiliations in ethnic and cultural associations and voluntary organizations. Community for ethnic Americans means the neighborhood where they act out in a dynamic way life's never-ending joys and sorrows, triumphs and tragedies. The main concern is how to strengthen the capacities of the neighborhoods; how to prevent decay and destruction; how to restore and to preserve those unique and significant elements which are necessary for a sense of dignity, stability and security. Economic and social revitalization of urban neighborhoods is necessary for the very survival of the cities. For elderly Euro-Americans, the ethnic neighborhood offers a continuation of long-accustomed lifestyle, and an opportunity to play active and meaningful roles within the immediate society where they can make significant contributions in many areas of life: in the arts, in music, in literature, in the sciences, in folkways, in religious activities which enhance their spiritual, cultural and social spheres of existence.

In the 1980's, we should begin writing traditions -- writing a new history of the immigrant and ethnic experience in America and from that, articulate a new tradition of human service, of proper use of professionals, a new trend of helping each other, a new tradition of finding that the neighborhood residential place is where cultural endowment, future, and past, is. We are again seeing the value of such mediating structures as family, neighborhood, organized religion and ethnic reference groups in providing the sharing and intimacy which make for the richness of living.

In the name of equity and access, we now recognize that the family is the first mediating structure, especially for dependent members. The challenge in national social policy formulation is to develop and rechannel government aids to those means which will most efficiently help family, friends and other mediating structures in caring for their frail brethren.

These mediating structures need to reach out and embrace the most needy among the Euro-American elderly -- those who are isolated from the rest of the community, those who are forgotten, those who have no one to turn to when help is needed. Although church and family ties are strong in our ethnic groups, there are those who have alienated themselves from the community or those who have stayed behind in old neighborhoods, outliving family members and friends and have no informal support systems. These persons are also lost to the formal social service structure. Obviously there is a great need for a mechanism to find and reach the isolated elderly.

There is also the issue of the elderly Euro-Americans who find themselves gradually lost to the old ethnic neighborhoods by moving to the suburbs. There are larger and larger numbers of Euro-American elderly moving to the suburbs to be close to their children -- because it is safer. We have to look at what these new living patterns mean in terms of transmission of the culture to children and helping older family members if they don't live close by in the city. How are we going to use formal services? It will be important for elderly to have access to formal services if assistance from their children is not readily available.

Recommendations

In order to empower people in dealing with large institutions of public life which control a broad spectrum of services related to human needs; and in order to strengthen the capacity of ethnic neighborhoods and their mediating structures such as the church/synagogue, voluntary associations, neighborhood associations and ethnic organizations and services to serve the needs of elderly Euro-Americans, we recommend that:

-- Ethnic communities, groups and religious organizations should be given financial and other incentives from government and/or voluntary funding sources to create their own specialized living arrangements, social services, nutrition programs and other group self-help activities.

-- Residents of ethnic communities, especially the elderly and their organizations, should be formally involved in all private and public policy decisions involving service and resource allocations affecting their neighborhoods. The elderly themselves should be encouraged to assume a leadership role in the life and affairs of the neighborhoods they created and sustained through a lifetime of effort and involvement.

-- Community ethnic organizations need to become more sensitive to the specific needs of their elderly. The increasing costs of medical care are a burden to all ages; but the elderly, with their greater incidence of health problems, can benefit from the economies of such concepts and programs as the "health maintenance organizations" (HMO's). Ethnic societies should explore the feasibility of sponsoring HMO's, group insurance, consumer cooperatives, */ and other helping efforts based on group membership.

-- A more meaningful partnership between the formal and informal networks should be established in urban communities so that the government and professional agencies will be more effective in achieving their objectives.

-- Ethnic social service centers and medical clinics for the elderly should be established so that older residents will be able to fully utilize government programs for physical and social improvements.

-- National ethnic organizations, acting separately or together, should provide a "clearinghouse" for resources and information that are ethnically oriented in the areas of social services, health, nutrition and cultural programs as part of a total "self-help" program for the elderly.

-- Organized religion plays an important role in the lives of many ethnic elderly because it is an intrinsic part of their cultural identity. National leaders of the various religions should assume an aggressive role in activities which will strengthen this aspect of the lives of the elderly by such initiatives as the following:

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*/ The National Consumer Cooperative Bank should reach out to ethnic organizations with technical and fiscal support.

-- Train church/synagogue related personnel in broad aspects of the aging process and about common social issues affecting the elderly.

-- Create opportunities and programs for helping the elderly to act as transmitters of culture and to retain a vital and enriching role in society.

-- Utilize the church/synagogue leadership and facilities for educational and cultural programs including self-help concepts and age-integrated programs.

-- Use the communication and social action channels of churches and synagogues to inform the elderly about available services and benefits and to mobilize around common social issues such as transportation, neighborhood development, etc.

-- We strongly recommend that the city, state and the national government work to re-empower both neighborhood groups and ethnic subgroups within communities to provide services to older people.

-- Far too many elderly in ethnic communities are excluded from programs simply because they do not know about them. Effective outreach conducted by persons in the community is one way to alleviate this problem. We propose that where organizations of proven effectiveness are operating, they should be eligible for city, state and federal funds to provide important social or human services.

Improving the Health of Elderly Euro-Americans

Issue

The characteristics of the nation's elderly, those 65 years old and older, with respect to health in the broadest sense, is no different for elderly Euro-Americans as a whole. They, along with their fellow elderly peers from other ethnic groups, live longer and are surviving in larger numbers to attain venerable ages beyond the Biblical three score and ten. Consequently, their physical and mental health and related care are centrally important to them as individuals and to society. Chronic conditions afflicting 86 percent of the elderly and multiple chronic conditions encompass the large majority of elderly Euro-Americans. Similarly, short-stay hospitalizations are frequently used by the elderly and for longer periods than any other age group. As a group, however, elderly Euro-Americans perceive their capacities to perform health care related and supportive activities in a generally positive sense.

Only relatively small percentages of this population admit the existence of various impairments. In this respect they conform to the large majority of elderly Americans who, despite many health problems that beset them, consider themselves in good or excellent health.

Nevertheless, elderly Euro-Americans are very much concerned about their health. Their greatest concern is fear of becoming sick. This fear is particularly paramount for those elderly who have no one to turn to in case of an illness. These elderly in one study (Guttmann, et. al., 1979) comprised approximately half of the sample. Concern with physical health was perceived by the respondents in the study and by many participants in the two Miniconferences as one of the most important problems facing elderly Euro-Americans. It was also noted that medical costs for the seriously ill aged are now oppressively brutal, especially since Medicare is oriented toward short-term acute illnesses and accidents rather than to chronic care -- which is the greatest medical need of the elderly.

Vigorous group discussions stressed the willingness of Euro-Americans to play a more active role in caring for their long-term disabled elderly than has been generally recognized by public officials. At the same time, four key issues were identified as impacting on the quality of health care for elderly Euro-Americans:

1) A number of federal/state policies restrict unnecessarily the capacity of ethnic groups to cooperate in shaping the health condition of their members in a manner consistent with the unique heritage of each group.

2) There is discrimination against Euro-American ethnic groups as they try to form social supports for their elderly. They are not recognized as responsible organizations to sponsor programs and have not demonstrated their capacity to organize such programs.

3) There is obstruction to efforts to reallocate public funds from the less to the more preferred services, and

4) There is a need to support home-based health and other supportive care by federal funding.

Participants in the Miniconferences stressed that it is in the best interests of the elderly to remain in their own homes and their own communities -- but all reimbursement formulas work to encourage institutionalization. Specific legislative proposals need to be offered to Congress to provide tax credits for families who care for their elderly relatives -- for those expenses which are not covered by Medicare or another reimbursement program. Finally, we must deal with the discrimination which is rampant in the Medicare and Medicaid programs against home and respite care services. These are some approaches to reinforcing the family as a primary care giver.

Recommendations

-- Encourage federal reimbursement for improved home health supportive care and nutrition services.

-- Health maintenance organizations should be not only increased but steps need to be taken to assure that they can enroll aged. Specifically, wider population coverage can also broaden HMO services to include social or physical supports for the elderly as well as for physician care.

-- The enrollment should be encouraged of ethnic groups, as groups, to secure the economies of group enrollment now limited to full-time workers. Ethnic societies can be useful for this, and also to stimulate organization of HMO's for the elderly.

-- Encourage recognition of the increased training needs for health professionals and others to deal with increasing elderly population and specifically to encourage sensitivity to the needs of the ethnic elderly.

Addressing the Language Barrier

Issue

Euro-American elderly people are among the majority of "limited English speaking" members of society. Among the old immigrants in particular (those who came to the United States prior to World War I), there is a large proportion who even today, fifty or sixty years in this country, still do not speak fluently. There are many elderly who dream of returning to their native countries and who do not acquire English for fear of assimilation and subjection of their values to the majority culture. There are others who came as illiterates and never had the opportunity to obtain formal education. And there are those whose accent is so distinctive as to render them unwilling to use English in their communications with public officials.

According to the 1975 Census of the United States Population, only 10.7% of those 65 years old and over used English as their usual language; that is, the great majority of the nation's elderly use languages which are not the one considered to be native to this country. Use of other than English varies from one Euro-American group to another. For example, close to half of the Italian elderly do not use English in their usual communications -- compared to one-fourth of the German, one-fifth of the Greek, and one-third of the French elderly. When all Euro-Americans, both first and second generation, are combined whose mother tongue is non-English, close to 30 million people emerge as "foreigners". If we take the same 11% of the total population of 65 and over who are Euro-Americans, then close to one-half of the elderly who belong to any of these ethnic groups do not speak English.

Whether by choice or necessity, the consequences of not being able to use English fluently when needed can be rather devastating. As a Hungarian representative notes: "Survival is the key word in reference to speaking English. If not, you are deprived of every available service -- income, health, housing, etc. Offices and hospitals do not provide translators."

We could go on describing the pains and agonies an old and lonely person has to suffer, the degrading remarks and often insults they have to take because they are older, alone and not able to speak and defend themselves because of a language barrier. The refusal to recognize and deal with this critical problem literally denies these same individuals the right not only to quality existence, but also threatens basic survival.

Participants were very concerned about providing assistance in regard to foreign language for elderly people. The only assistance the Social Security Administration provides is for Spanish-speaking people. If someone speaks another language, there is no help at all. We should do something to make the Federal Government more aware that more assistance should be provided to non-English speaking people.

Economic Security for Elderly Euro-Americans

Issue

A large, if not the largest problem for the elderly is maintaining income in the face of retirement or diminished earning capacity, says Dr. Alvin Schorr.*/ On one level are those with good earnings records, some savings, the capacity to continue earnings into advanced years, decent social security, and private pensions. Things will not go badly for them. On the lower level are people who have few if any of these advantages into old age. Social security will do relatively less well for them than now. Many will be women who never married, or divorced, or whose husbands died. In terms of retirement, such women are in terrible trouble now; the future appears to hold worse for them.

Euro-Americans, that is, those Americans who retain a sense of European descent and connection, have some stake in what happens to those with moderate incomes.

In modern times, a critical problem of aging lies in feelings about losing command over one's self and surroundings. The issue has to do with changes in bodily functioning, with power once exercised through position or work and with power exercised in relation to family and friends. Some of these changes are inevitable but modern American practices enforce an abrupt transition, once uncommon, from power to powerlessness. Yesterday, one worked; today one draws a pension. Today he disposes of no product, no promotions and has turned over his home and savings to children in order to qualify for government benefits. In a curious way, even current emphasis on informal networks and family supports may come to undermine the old person's sense of self-command.

The day-to-day arrangements between old people and their families are a complex blend of economic exchange and services in which it is often not clear who is the net beneficiary. In early Colonial practice, brought here from Europe, men carefully, and in documents with legal force, arranged to exchange inheritance for care for themselves and their wives. The practice lives on in widespread, current understanding that a care-giver inherits a preferred portion of an estate. In family relationships, sentiment and responsibility play large roles but they interact with true power to dispose of money and property. Everyone understands the bargaining power inherent in money and property.

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*/ We are indebted to Dr. Alvin L. Schorr, Leonard W. Mayo Professor of Family and Child Welfare at the School of Applied Social Sciences, Case Western Reserve University for materials used in this section of the report which were taken from "Social Policies for the 80's", a paper presented at the White House Miniconference for Euro-American Elderly, December 6, 1980, Cleveland, Ohio.

SSI is more attractive than Old Age Assistance was, but it is a welfare-type program still. And in order to qualify, legally and reluctantly the elderly strip themselves of assets that are, on the whole, small in amount though significant to them and their families.

We explicitly claim to honor the bonds of family and idealize the image of the family as care-giver; yet federal regulations do not provide any reimbursement or financial assistance to family members trying to live up to their responsibility. Recently, the Internal Revenue Service started circulating regulations to implement the so-called Family Rental Tax, whereby a taxpayer renting to a family member cannot take the same deductions as an individual who rents to a stranger. We, who know the value of family support and assistance, must protest these policies. Congresswoman Barbara Mikulski has, in fact, co-sponsored a bill that would remove this inequitable tax from the tax code.

A system of social security that was truly engaged in strengthening the family relationships of the elderly would not so undermine their position. What might we do? We would end the one-third reduction of SSI when the old person shares a dwelling, and we would end reductions when family members make contributions. It cannot really be said that the current provision forces old people to live separately from their children. Living together or separately is not an ad hoc decision like buying the cheapest car. Rather, living together is characteristically the pattern of the poorest families. What the one-third reduction does is single out the old people and families in the most adverse circumstances and deprive them a little more. As for deductions from SSI when there are contributions, no more than 3 percent of all old people receive cash contributions from children. In this matter, the government is nitpicking. The effect of the rule is probably that contributions are given in kind rather than in cash, and there is petty evasion. As for those who have transferred assets to qualify for SSI, they have yielded up one element of a continuing sense of power and the capacity to negotiate with family members.

The elaboration of rules to administer those programs inevitably involves th government in internal family affairs, often unjustly and in ways damaging to the old person and his family.

There is a need to retain and strengthen the single universal retirement program that we have created. With specific reference to the maintenance of one's power and authority in growing old, one affirmative idea is the so-called constant attendance allowance. It would provide a modest sum of money for the retired aged who require home care. The frail or very old certainly need additional help.

Retirement benefits need to be changed -- over a long period of time, if necessary, at no net cost -- to pay higher levels of benefit at say, 72 and then 80 years of age. In this way, we would do most of the job without any administrative cost at all, placing power to manage together with money in the hands of old people.

Recommendations

-- There should be group homes, joint home sharing by small clusters (2-10) of ethnically similar aged; congregate housing built around ethnic interests; independent housing with social support services built in; comprehensive living environments (which assure living independently in one's own apartment, or doing so with limited attendant and physical assistance, or care in a nursing environment -- all in the same complex); boarding homes; and help with physical repair or maintenance of one's own residence.

To assure this, rigid income limits should be altered as to who is entitled to enter assisted housing units or to use Housing Section 8 programs. The low-middle income population desperately needs such housing options as do the very poorest. Removal of, or relaxation of, income limitations will help many to use their own incomes to secure least restrictive living arrangements.

-- A "negative income tax" should be instituted to provide an adequate level of income to all older people.

Empowerment and Volunteerism

Issue

Elderly Euro-Americans share with other American elderly people a strong rejection and unwillingness to be relegated to the sidelines of society. They do not want to be excluded from the many happenings around them, nor do they want to spend their remaining years lulling about on porches and in armchairs. Rather, they wish to be active, contributing members to their communities. Their help to the younger generation is well documented. According to the Harris Poll (1977) 90 percent of those with children or grandchildren said that they give gifts to them; 68 percent help out when someone is ill, 65 percent take care of grandchildren, and smaller, but significant, percentages of the elderly help their family members in other ways. These volunteer activities by the elderly enable many families to save substantial sums that would otherwise be spent on hiring outside help -- not to mention the psychological value of care provided by the elderly to the young.

In another study of eight Euro-American groups of elderly (Guttmann, et. al., 1979), volunteer support for others varied from group to group; however as a sample, half of the respondents helped someone financially, with fixing things, with shopping and caring for the ill -- aside from the assistance given to their own family. The types of volunteer work most commonly engaged in by the elderly include working in hospitals and clinics, driving the ill, the aged and the handicapped, involvement in voter registration and advocacy, and friendly visiting to the homebound.

Volunteer activities among elderly Euro-Americans are expressions of the self-help ethic, and spirit of togetherness, traits that are eminent in the ethnic community. Ethnic communities need to develop a network of interested volunteers to provide support services to Euro-American elderly in need. There is also a need to develop a knowledge base of public policies and services which can be utilized to better the lives of the elderly.

Many elderly need help with translation of government rules and regulations into their native languages. Others need help with information and referral services. Still others need support and help of bereaved elderly. There are also social and cultural activities which offer opportunities (along with those already cited) for volunteer services.

Local helpers, clergy and others, are among those most eagerly sought by the elderly when they need help. In some cases these volunteers should refer people to a professional agency.

Participants in the workshop stressed that volunteering gives people a chance to acquire and use special skills. Illustrations of successful volunteer activities in the ethnic community included those in which the ideas, such as kitchen hot-line came directly from the people who served as volunteers in their neighborhoods. A four-year research and demonstration project which utilized volunteer ethnic neighborhood helpers in the provision of mental health support services (Neighborhood and Family Services Project in Baltimore, Maryland) demonstrated the value of volunteer services in enhancing and strengthening the informal helping network and in bringing it in close contact with the professional helping network.

The overriding issue in volunteer activities performed by elderly Euro-Americans is the economic security people must have to better reach out to those in need. Specifically, policies should be aimed at enabling those who are able to function, to continue even if part-time, working. There is a need to eliminate mandatory retirement altogether and to base the economy on full-employment. There is also a need to empower ethnic elderly women to become equal partners in building a strong society. Therefore, many participants expressed support for the passage of the Equal Rights Amendment.

Recommendations

-- Organizations in both the public and private sectors, should take action to encourage the mature worker to voluntarily continue productive involvement in the economic life of the nation.

-- Government agencies, businesses, educational, cultural and recreational organizations and the media should help focus attention on the skills and experiences of older persons that can be used in productive ways.

-- Education for pre-retirement planning should be included in the curricula of high schools and colleges.

-- Retirees should be given the opportunity to share their experiences with the younger generations.

-- Services of elderly Euro-Americans should be recognized in the general society.

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* U. S. GOVERNMENT PRINTING OFFICE : 1981 720-019/6928

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Recommendations of mini-conferences are not the recommendations of the official delegates to the Conference or the U.S. Department of Health and Human Services. They represent the views of the participants in the mini-conferences. They are being made available to the delegates as part of their background materials for the national conference.

The following Mini-Conference Reports have been published:

Recreation, Leisure and Physical Fitness
Aging and Alcoholism
Energy Equity and the Elderly
Public/Voluntary Collaboration: A Partnership in contributing to independent living for the aging
National Health Security
Concerns of Low-Income Elderly
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